Submit 3 Copies

State of New Mexico

Form	C-103
Revise	ed 1-1-8

to Appropriate District Office	nergy, Minerals and	Naturai Resourc	es Department			VISCUIT ()		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				WELL API	WELL API NO. 30-025-28346 5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No. A-1212-1			
				5. Indicate				
SUNDRY NO	TICES AND REPOI	RTS ON WELL	S					
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"					7. Lease Name or Unit Agreement Name South Hobbs (GSA) Unit			
1. Type of Well								
OIL GAS WELL	01	THER						
2. Name of Operator	(5 4 7	100		8. Well No	143			
Amoco Production Company	(Room 17.	182		0. 0. 1				
3. Address of operator	T	77253-3092			me or Wildcat Hobbs Grayburg S	San Andres		
P.O. Box 3092, Houston,	Texas .60/	77253-3052			Tobbs Crayburg C			
4. Well Location SL/BHL 11 Unit Letter P 13	05 Feet From The	South	Line and	330/5 Fee	t From The	East	Line	
Section 4	Township	19-S Range	38-E	NMPM	Lea, NM	Co	ounty	
	10. Elevation	on (Show whether D	<i>F, RKB, RT, GR,</i> 3622' GR	etc.)	:			
11. Check At	ppropriate Box to	Indicate Nati	re of Notice	e, Report, or	Other Data			
NOTICE OF IN					T REPORT OF	:		
· · ·					- ALTERING	CACING		
PERFORM REMEDIAL WORK	PLUG AND ABAND	OON R	EMEDIAL WORK		ALTERING	CASING	_	
TEMPORARILY ABANDON	CHANGE PLANS	c	OMMENCE DRIL	LING OPNS.	PLUG AND	ABANDONM	IENT	
PULL OR ALTER CASING		С	ASING TEST AN	ID CEMENT JOB				
OTHER:			THER:	ļ	Acidize		x	
12. Describe Proposed or Completed O work.) SEE RULE 1103.			nd give pertinent	dates, including esti	mated date of starti	ng any propos	ed	
MIXRU SU (10/19/93) X PRXP. L 5000 GAL 20% NE HCL ACD X 2 REL PKR X POH X 2-7/8 TBG X P (10/22/93) RETURN TO PRODUC	GAL PER 1000 WA-2 KR X R 2-7/8 PROD TE	11 X 2 GAL PER	1000 WA212 X	1500 # GRADED	ROCK SALT. FL	.USH X 75 B	w x	
I hereby certify that the information at SIGNATURE SIGNATURE TYPE OR PRINT NAME	. Princi	to the best of my kr	_	ef. taff Assistant	DATE . TELEP	11-10-93 IONE NO. (713	1) 366-761	
(This space for State Use ORIGINAL S	SIGNED BY JERRY SI RICT I SUPERVISOR	EXTON TITL	E		DANO	V 19 19	93	